

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No.	GYAP.97745
(for nonprovisional applications under 37 C.F.R. § 1.53(b))		Express Mail No.	EV 141463629 US

  

<b>TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450  <b>Inventor(s):</b> WILLIAM J. BAKER  <b>Title:</b> COORDINATED LIFT SYSTEM	PLEASE ASSOCIATE APPLICATION WITH  <b>CUSTOMER NO. 05251</b>
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00746 U.S. PTO  
10/634457



Enclosed are:

<input type="checkbox"/>	Non-Publication Request Under 35 U.S.C. § 122(b)(2)(B)(i)
18	pages of specification including abstract
5	sheet(s) of drawings
<input checked="" type="checkbox"/>	an assignment of the invention to: Gray Automotive Products, Inc., Reel/Frame: 012986/0817 on 06/19/2002
<input checked="" type="checkbox"/>	Declaration of Inventor(s): <input type="checkbox"/> Newly executed <input checked="" type="checkbox"/> Copied from a prior application (for contin/div)
<input checked="" type="checkbox"/>	Incorporation by Reference: the entire disclosure of the prior application, from which the copy or copies of the oath or declaration is supplied, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
<input type="checkbox"/>	small entity status was requested in prior application; status still proper and desired.
<input type="checkbox"/>	Information Disclosure Statement/PTO-1449/Copies of IDS citations.
<input type="checkbox"/>	Benefit is claimed under 35 U.S.C. 119(e) of U.S. Provisional Application No.
<input type="checkbox"/>	Other:

<b>If a Continuing Application:</b> Check appropriate box, and supply the requisite information below:						
<input checked="" type="checkbox"/>	Continuation	<input type="checkbox"/>	Divisional	<input type="checkbox"/>	Continuation-in-Part (CIP)	of prior application no. 10/166,134
Prior application information:		Examiner: Anthony J. Salata			Group Art Unit: 2837	

CLAIMS AS FILED				
	NUMBER FILED	NUMBER EXTRA	RATE	FEE
BASIC FEE			\$ 750	\$ 750.00
TOTAL CLAIMS	19 - 20 =	0	X \$ 18	\$ 0
INDEPENDENT CLAIMS	3 - 3 =	0	X \$ 84	\$ 0
MULTIPLE DEPENDENT CLAIM PRESENT			\$ 280	\$ 0
* Number extra must be zero or larger			TOTAL	\$ 750.00
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	\$ 0
TOTAL DUE				\$ 750.00
<input checked="" type="checkbox"/>	A check in the amount of \$ 750.00 to cover the filing fee is enclosed.			
<input checked="" type="checkbox"/>	Commissioner is hereby authorized to charge/credit Deposit Acct. No. 19-2112 as described below. Enclosed is a duplicate of this sheet.			
<input type="checkbox"/>	Charge the amount of \$ as filing fee.			
<input checked="" type="checkbox"/>	Credit any overpayment.			
<input checked="" type="checkbox"/>	Charge any additional filing fees required under 37 CFR 1.16 and 1.17.			

Signature

8/5/03  
 Date

Name: David Wade Schnell, Reg. No.: 53,563